



Introducing

UPMC Dental *Advantage*

A product of UPMC Health Plan



At UPMC Health Plan, we have a long history of providing members with high-quality benefit plans, provider networks, and unparalleled customer service. The tradition continues with the introduction of UPMC Dental *Advantage*. UPMC Dental *Advantage* offers UPMC employees two options — Standard and Premium — with a network of fully credentialed dentists. The plan is designed to encourage regular preventive care and foster open communication between patients and dentists regarding recommended treatment plans.

Advantages

- Our Standard and Premium options are dental PPO plans, so you do not need to select a primary dentist from our network of fully credentialed dentists.
- There is no waiting period and you can't be denied coverage or benefits if you have a pre-existing dental condition.
- UPMC Dental *Advantage* does not require prior authorization for major services.
- No ID card is required. You will provide your dentist's office with some basic demographic information and the name of your employer.
- UPMC Health Plan members who use the *MyFlex Advantage*® (FSA) program to pay for out-of-pocket dental expenses will have those expenses auto-substantiated. That means less paperwork for you.
- If you are a current UPMC Health Plan or *MyFlex Advantage* member, our Member Advocates will have access to your medical and dental profiles as well as your FSA information so they can assist you with all your questions.
- If you are a current UPMC Health Plan or *MyFlex Advantage* member, you will be able to access all your dental, medical, FSA information, and tools through *MyHealth OnLine*. Since you will use My HUB, you will not need to remember another username and password. You can find a participating dentist, chat with a Member Advocate, or review your claims and predeterminations all online.

Dental Plan Options

	Standard Option		Premium Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 individual \$150 family (waived for Class I services)	\$100 individual \$300 family	None	\$50 individual \$150 family
Calendar Year Maximum	\$1,000	\$500	\$1,500	\$1,500
Class I: Diagnostic/Preventive*	100%	80%	100%	80%
Class II: Basic Services	60%	40%	80%	60%
Class III: Major Services	40%	20%	50%	40%
Orthodontia: Child (Under Age 19)	50%	50%	50%	50%
Lifetime Orthodontic Maximum	\$1,000	\$1,000	\$1,500	\$1,500

*Class I Diagnostic and Preventive Services, including cleanings, exams, and x-rays, do not count toward your annual maximum. This leaves you with more benefit dollars to use for other covered dental procedures.

Enhanced Benefits

- One additional cleaning for members who are pregnant, during the course of pregnancy.
- Increased coverage for non-surgical periodontal treatment, including the topical application of fluoride, for adults with a history of surgical periodontal treatment.
- Coverage for microbial tests and brush biopsies.
- Adult fluoride varnish preventive treatment for members with a history of periodontal treatment.
- All Class I Diagnostic and Preventive services, such as cleanings, exams, and x-rays, do not count toward your benefit limit, which leaves more of your benefit dollars for other covered dental procedures.

Predetermination

UPMC Dental *Advantage* encourages, but does not require, members to seek predetermination for major services, such as crowns and bridges. A predetermination gives you and your dentist an advance estimate of your benefit and how much of the cost may be your responsibility. Providers may submit predeterminations electronically, so the response may only take a few business days.

Continuity of Benefits

If you select UPMC Dental *Advantage* and you or a family member are undergoing orthodontia or other dental treatment on the effective date of your UPMC Dental *Advantage* coverage, this is how your benefits will be transitioned:

- Fixed bridgework, crowns, inlays, and onlays are covered by UPMC Dental *Advantage* only if initiation of treatment and preparation of teeth and placement of teeth occurs after the patient is covered. Otherwise, your prior dental carrier is responsible for the claim.
- UPMC Dental *Advantage* reimburses endodontic work based on completed date of service, so if the work is completed prior to the effective date of your UPMC Dental *Advantage* coverage, the prior dental carrier is responsible for the claim. Otherwise, the claim will be covered by UPMC Dental *Advantage*.
- UPMC Dental *Advantage* distributes the lifetime orthodontia benefit throughout the course of the treatment for eligible members. The payment schedule is determined based on the banding date and the estimated length of treatment. If your orthodontic treatment is already in progress on the effective date of your UPMC Dental *Advantage* coverage, your orthodontist will still receive the remainder of your maximum lifetime benefit from the UPMC Dental *Advantage* plan. You will not lose benefits by switching dental plans that have the same lifetime orthodontic maximum benefit.

Contact Information

1-888-876-2756

8 a.m. to 8 p.m. – Monday through Friday

8 a.m. to 3 p.m. – Saturday

UPMC Dental *Advantage*

One Chatham Center

112 Washington Place

Pittsburgh, PA 15219

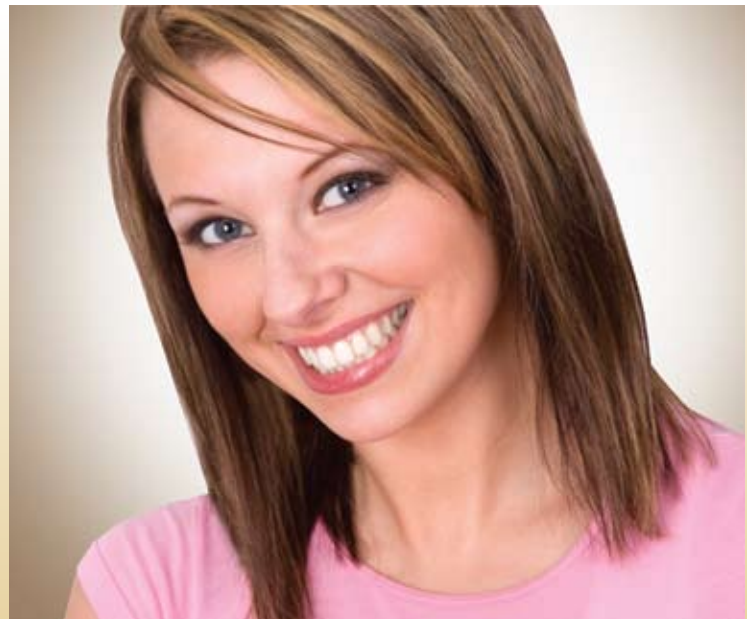
www.upmchealthplan.com/dental

Members can log in to *MyHealth* OnLine through My HUB to:

- Find a dentist on *MyHealth* OnLine.
- Review member eligibility, claims information, spending summaries, and benefit information.
- Look up dental terms in a glossary.
- “Chat” with a Member Advocate.

Log in to My HUB, select the Human Resources tab, then click on the *MyHealth* OnLine link under My Benefits.

This is a summary of the features of the UPMC Dental Advantage options. If there are any differences between the information provided in this summary and the plan document, the plan document will govern. All UPMC benefits are subject to the definitions, limitations, and exclusions set forth in the plan document.





Q. Why did UPMC Health Plan develop a dental insurance plan?

A. UPMC Health Plan developed UPMC Dental *Advantage* to offer a single source for all your health insurance needs. Like your UPMC Health Plan medical coverage, UPMC Dental *Advantage* focuses on preventive care and encourages you and your dentist to actively work together on your treatment plan.

Q. Why should I choose UPMC Dental *Advantage*?

A. There are many benefits to choosing UPMC Dental *Advantage*:

- Our Standard and Premium options are PPO plans, so you do not need to select a primary dentist.
- We offer a broad network of fully credentialed dentists; however, both plan options include coverage for out-of-network care.
- There is no waiting period and you can't be denied coverage or benefits if you have a pre-existing dental condition.
- We want you and your dentist to be able to promptly implement your treatment plan; therefore, UPMC Dental *Advantage* does not require prior authorization for major services, but does encourage members to seek a predetermination.

- No ID card is required. You will provide the dentist's office with some basic demographic information and the name of your employer.
- UPMC Health Plan members who use the *MyFlex Advantage*® (FSA) program to pay for out-of-pocket dental expenses will have those expenses auto-substantiated. That means less paperwork for you.
- If you are a current UPMC Health Plan or *MyFlex Advantage* member, our Member Advocates will have access to your medical, dental and FSA plan information so they can help you with all of your questions.
- If you are a current UPMC Health Plan or *MyFlex Advantage* member, you will be able to access all your dental, medical, FSA information, and tools through *MyHealth OnLine*. Since you will use My HUB, you will not need to remember another username and password. You can find a participating dentist, chat with a Member Advocate, or review your claims and predeterminations all online.

Q. What are the differences between UPMC Dental *Advantage* and my current dental plan through United Concordia?

A. The plan design and coverage levels under both carriers are the same for the Standard and Premium dental PPO options.

Q. What if my provider is not in the UPMC Dental Advantage network?

- A. UPMC Dental *Advantage* offers coverage for out-of-network care; however, the benefits are reduced and your dentist may bill you for the difference between his or her charge and the amount paid by the plan. To receive the maximum reimbursement, we strongly encourage you to select a participating dentist for all of your dental treatments and services or to ask your dentist to join the UPMC Dental *Advantage* network.

Q. Where can I find a list of dentists who are participating in the UPMC Dental Advantage network?

- A. You can call a UPMC Dental *Advantage* representative at 1-888-876-2756. A complete listing of all participating providers, including specialists, is available through *MyHealth* OnLine, accessible through My HUB.

Q. How can my dentist join the UPMC Dental Advantage network?

- A. Your dentist can join the network by calling the UPMC dental advisory team at 1-877-648-9609 by October 30, 2010, or registering online at www.upmchealthplan.com/dental.

Q. Who is eligible for braces under UPMC Dental Advantage?

- A. Orthodontia coverage is limited to dependent children only, up to the age of 19.

Q. My child currently has braces. Will I still have coverage for braces if I switch to UPMC Dental Advantage?

- A. Yes. Transition of care is easy with UPMC Dental *Advantage*. Your orthodontist will need to submit a claim to UPMC Dental *Advantage* with the original treatment plan (initial placement date and months of treatment) and the number of months remaining. After UPMC Health Plan reviews your child's treatment plan, the remaining benefits will be calculated according to your benefit plan and payments will continue. You don't need to submit any explanation of benefits (EOBs) or explanation of payments (EOPs) from your prior dental insurance carrier. You will not lose benefits by switching to UPMC Dental *Advantage* if you enroll in the option with the same orthodontia maximum as your current coverage.

Q. How can I access and review my dental benefits and payments?

- A. In 2011, you will be able to review your dental claim activity by logging in to *MyHealth* OnLine through My HUB – just like you do for your medical and FSA information.

Q. What services require prior authorization?

- A. UPMC Dental *Advantage* does not require prior authorization of services. We believe patients and their providers should work together in designing a treatment plan that is best for the patient.

Q. Are there any waiting periods?

- A. No, there is no waiting period and you can't be denied coverage or benefits if you have a pre-existing dental condition.